The Pursuit of Equal Care

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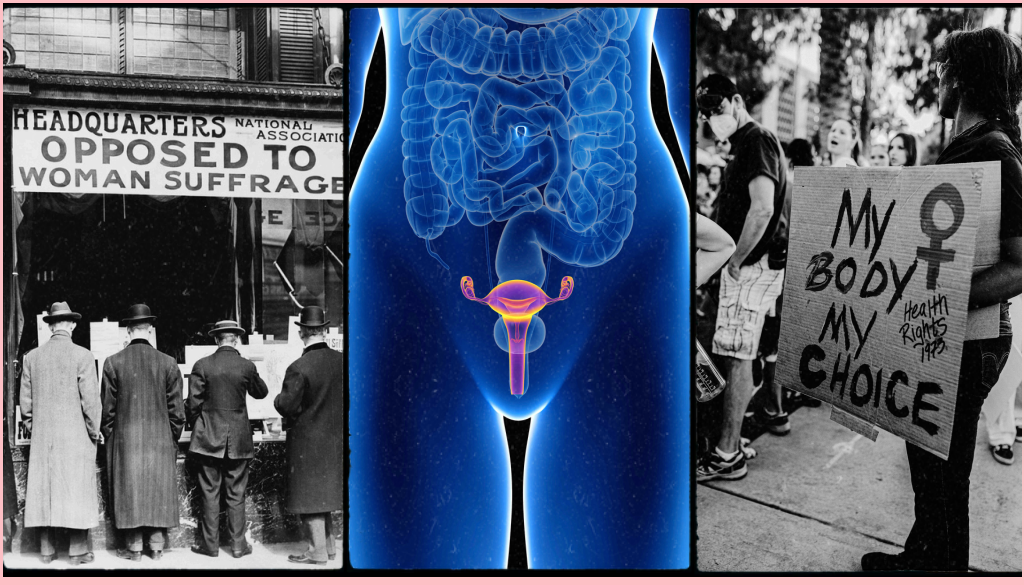
America's Gendered Healthcare Inequalities



Unpacking
America's health disparities and how sexism makes women sicker.

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"CARING FOR MYSELF IS NOT SELF-INDULGENCE, IT IS SELF-PRESERVATION, AND THAT IS AN ACT OF POLITICAL WARFARE."
-AUDRE LORDE

Arm Yourself With Information

DEAR READER,

As you're likely aware, the American healthcare system is less than ideal. Crippling medical bills. Rising prescription costs. Subpar health insurance that never covers all of your required care. A growing shortage of providers. The last factor we needed to add to this messy equation was the return of archaic laws governing women's bodies. In June 2022, the U.S. Supreme Court overturned Roe v. Wade, a landmark ruling made nearly half a century earlier in favor of abortion as a constitutional right. This decision politicized a medical procedure that exists to protect women's lives and autonomy. Access to abortion is becoming increasingly difficult in certain states, with twelve having a total ban in place. This is just one way in which the country has failed to protect women, among countless others.

My anecdotal evidence suggests that many individuals are unaware of the gendered disparities within the American healthcare system. However, every single woman I spoke to agreed that they have felt misunderstood or mistreated by a provider during a medical appointment. Because of the historical use of the male body for medical research, health issues specific to women can go unrecognized or be disregarded by providers. I call upon you reading this, to raise awareness of these gendered health disparities and women's health in general. This can be done in any way you can: sharing (reliable) information on social media, volunteering for local women's organizations, or even just conversations with friends and family.

Informing yourself is the most powerful tool you have in fighting systematic inequality.

YOURS TRULY,

Lily H. Foster

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The Facts:

Women's and men's health problems differ, as well as their access to healthcare and the quality of care they receive. Women are disproportionately affected by medical costs, barriers to care, discrimination, and underrepresentation in clinical trials and biomedical research (Daniel, Erickson, and Bornstein 2018). Women's health-related complaints are often interpreted as exaggerations, with physical symptoms written off as psychosomatic rather than due to bodily causes. Women are also screened for disease less often and receive less aggressive care and follow-up than men (Heise et al. 2019).

WOMEN ARE MORE LIKELY THAN MEN TO...

- Have a heart attack
- Die from a heart attack
- Develop cardiovascular disease
- Have a physical disability
- Be diagnosed with a chronic or autoimmune disease (38% of women have one or more chronic diseases vs. 30% of men)
- Be covered by health insurance as a dependent
- Lose health insurance
- Delay care due to cost
- Be unable to pay medical expenses🦋

(Daniel et al. 2018 & Rapp et al. 2021)

Sexism as a Determinant of Health

So, why do these gendered health disparities exist? To answer that question, we must examine the social determinants of health, defined by the World Health Organization as "the conditions in which people are born, grow, live, work, and age." Basically, our social environment heavily impacts our physical health. That includes any possible stressors in our environment, including forms of discrimination like sexism. Figure 1 is a conceptual framework of the gender system and its effect on health included in the article "Gender inequality and restrictive gender norms: framing the challenges to health". It demonstrates the ways in which our gender impacts our health trajectory as we interact with others and institutions. Under the patriarchy, women are inferior to men.

Gender inequality is so prevalent in the U.S., and women have been facing the physical health consequences of being disregarded in the medical field for years. For example, until 1988, clinical drug trials were performed on predominantly men, despite women making up 80% of pharmaceutical consumers in the U.S. (Schiebinger 2003). The results of these trials disregarded women, yet the drugs were approved for sale to them. This means women were prescribed dosages designed for an adult male's weight and metabolism instead of their own. Despite the National Institute of Health requiring women's inclusion in clinical trials in 1993, research has shown that women continue to be underrepresented in trials and medical studies in general. This is an example of structural sexism putting women's health at risk. This has only been exacerbated in recent years with the bleeding of political and religious beliefs into public health discussions.

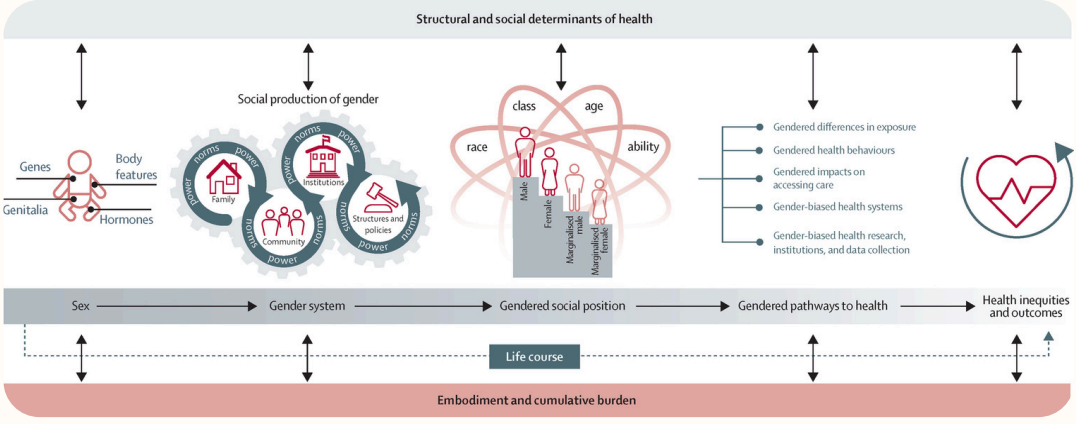

Figure 1: This model illustrates the ways in which our gendered social environment and conditions determine our health and ability to access care (Heise et al. 2019).

Structural Sexism

a multidimensional index of gender inequities across economic, political, and cultural domains of the gender system (Rapp et al. 2021)

MACRO

Macro-level sexism is systemic gender inequality perpetuated by political, cultural, and economic institutions (Heise et al. 2019). These institutions favor the dominant group (men), creating barriers to women's access to power and resources. This is known as a patriarchal social system. Macro-sexism involves widely accepted cultural norms surrounding gender—in a society that undervalues women, half of the population is placed on the back burner to prioritize the half with power.

MESO

Sexism at the meso level occurs through interpersonal interactions, behavioral patterns, and organizational practices (Heise et al. 2019). It involves the ways in which we each "do gender" and how our social settings are often shaped by gender norms (family, the workplace). Gender performance is often something we are not even aware we are doing, yet it encodes our interactions and reinforces hegemonic cultural norms about gender. These norms place men in a position of power over women in nearly every social setting, thus producing meso-sexism.

MICRO

At the micro level, the gender system involves our gendered selves, personal identities, and internalized gender ideologies (Heise et al. 2019). Micro-sexism is developed through socialization and our perceptions of our own identities. Though it operates on an individual level, micro-sexism upholds the gendered power structure by allowing gender-normative beliefs to guide our lives. These beliefs relegate women to subordinate roles within society (Heise et al. 2019).

IF MEN MENSTRUATED

The frustration I feel twelve weeks out of the calendar year can hardly be properly expressed through the written word. How I dread that drop, or rather, pool of blood in my underwear that signifies six days of sharp stomach cramps, persistent body aches, and unpredictable emotions. I think the worst part is knowing I'll have to deal with this for at least the next thirty years. Half of the population can relate to my plight, yet, periods continue to be stigmatized in American culture. One of the main reasons for this? Men think they're gross. Periods have been written off as a "woman's trouble" for as long as humans have existed. Men prefer not to get involved in something that doesn't directly affect them.

I like to imagine a world where men had periods. There would be free pads and tampons in every public bathroom. Period products would be more accessible, inexpensive, and safe to use (lead, arsenic, and other harmful metals were recently detected in many common store–brand tampons). In fact, a new period product would have likely been invented by now to maximize the comfort of menstruating men. Or perhaps they would have found a way to eliminate periods altogether. A monthly drug that will rid you of your flow, free of side effects or consequence. There would be paid menstruating days you could take off work. Periods would be treated as the inconvenience they are, but with a sense of pride rather than shame.

I think cutting–edge period technology could exist, if the proper money and research was put into it. The problem is that health issues specific to women are severely underfunded; menstruation is no exception. Therefore, doctors are generally less informed about women's health. I have spoken to several doctors over the course of six years, trying to find solutions to my crippling period pain. I was always told the same thing: take ibuprofen and maybe try birth control pills. Never a concrete answer, never a satisfactory level of support, but instead a notion of, "It sucks that your period hurts, but deal with it." Women have historically been expected to accept a certain amount of pain as a product of their gender. Labor pain has been evaluated as one of the worst pains a person can experience, yet the epidural wasn't widely administered in the U.S. until the 1970s.

When it comes to health, women are viewed as subhuman. If men menstruated, pain would not be so widely tolerated.

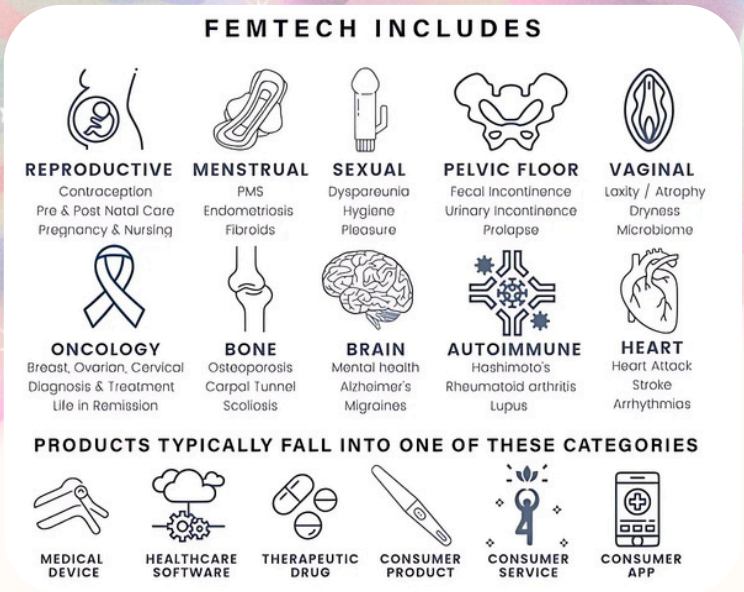

Figure 2: Gender-specific health information available to women via forms of "FemTech" (FemTech Focus 2021).

the future

Numerous issues must be confronted to improve the state of women's healthcare in the U.S. Firstly, more women need to be entering the medical field. Period. It has remained a male-dominated sector for too long and women are suffering consequently. Change must start from the inside, with a sense of inclusivity fostered within hospital settings. Doctors and providers should undergo implicit bias training to understand how to sensitively treat all patients with the same level of respect and care. Medical schools must begin to properly equip their students with the tools to treat gender-specific health problems. Studies have shown that less than thirty percent of medical schools offer education regarding gender-specific health needs and nine percent offer gender-specific elective courses (Liu 2023). By adequately preparing our doctors to treat conditions that affect **everyone** (and not just men), we can make strides towards more equitable healthcare.

Another essential issue to be addressed is the fact that most women are uninformed about their own health. The knowledge gaps in the medical field make it difficult for women to understand their own bodies. One suggestion to confront this is by making reliable health information more accessible through technology catered to women's needs. Over the past decade, various apps and services have been released that provide women with guidance regarding their menstrual cycles, fertility, pelvic and sexual health, contraception, menopause, and more. Figure 2 provides examples of the services offered, and the forms they come in. This technology can collectively become known as "FemTech", a term coined by entrepreneur Ida Tin in 2016 (Liu 2023). This software provides women with gender-specific spaces to gain knowledge about their own health, which is extremely valuable in a time where their health is being politicized.

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DON'T THINK ABOUT MAKING WOMEN FIT THE WORLD— THINK ABOUT MAKING THE WORLD FIT WOMEN.

–GLORIA STEINEM

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